

B. FUNDING & BUDGETARY GUIDANCE FOR HEALTH CHECK OUTREACH PROJECT COUNTIES

Funding Guidance

DMA requires all Health Check Outreach Project (Project) counties to operate under the State Health Check Program Policies and Procedures and sign a Health Check Outreach Project Agreement, (Appendix 4).

Division of Medical Assistance (DMA)

Counties reimbursed by DMA funds are based on a population model. Counties currently without DMA funds are on a waiting list. DMA funds become available for these counties through attrition in existing Project counties.

Division of Public Health (DPH)

Agencies may use contractual Child Health funding from DPH to support additional HCC positions in their county. HCC positions funded through this source are required to operate under the same State Health Check Policies and Procedures as HCCs reimbursed by DMA.

Other Sources

Counties may seek funding for HCC positions through local Smart Start Partnerships, grants, or other sources. HCC positions funded through these sources are required to operate under the same State Health Check Policies and Procedures as HCCs reimbursed by DMA.

Budget Guidance

DMA funded Project counties are required to complete an annual budget and budget narrative. Proposed budgets and narratives must be submitted to DMA (Attn: Health Check Unit) by May 1st of the year preceding the proposed budget period. For the purposes of this Program, the State Fiscal Year (July 1 – June 30) shall be used.

Local funds used to support the program must be listed in the column “*IN-KIND CONTRIBUTIONS*” and must be included in the budget narrative.

Once State Staff approves the budget and narrative, the budget page will be signed and dated. A copy of the budget and narrative will be returned to the local agency.

Directions for Completing the Budget Form

The budget form can be found in the State Health Check Policies and Procedures Manual, Appendix 13, page 13-1.

The name of the agency must be entered at the top of the budget page as well as the budget period.

A description for each Category and Line Item on the budget form is as follows:

Personnel

Agencies must budget the salary and fringe benefits for all positions. Counties may be awarded up to three HCC positions (based on the population of Medicaid eligibles). The budget form contains three separate lines for this purpose. The full-time equivalent (FTE) percentage must be included for each position.

Example: An agency is awarded 2.5 FTEs. The budget would include 100% for HCC #1, 100% for HCC #2 and 50% for HCC #3. Please note that the FTEs for all HCC must be equal to or exceed the number of positions awarded by DMA.

A line item has also been included for the Supervisor of the Health Check Program. If the agency is proposing to charge other staff time to this Program, the following should be listed: job title, the FTE percentage that they will be working on Health Check activities, their salary, and fringe benefits.

Consultant & Contract Services

This category should be used to illustrate any consultant and contract services funded by DMA funds. Each consultant or contractor should be listed individually on separate lines. The budgeted amount for each line item should be reflected accordingly.

Example: An agency has hired XYZ Consulting Firm to conduct a strategic plan for the agency. The Health Check portion of the cost is estimated to be \$250, which is 5 percent of the contract.

A line item for XZY Consulting Firm with a dollar amount of \$250 would be inserted on the budget form. The budget narrative should describe the proposed activity and address why this service is needed.

Equipment

All HCCs must have a computer, which has the capacity to run the Automated Information Notification System (AINS). Each type of equipment should have a separate line item.

Example: Computer \$1,200; Printer \$400; and Fax Machine \$500.

The budget narrative should explain how this equipment would be used to benefit the Health Check Program. Prior approval is required before purchasing equipment that costs \$500 or more.

Supplies

This line item will include all of the office supplies needed to support the Health Check Program. Generally, office supplies include items such as; paper, pens, pencils, sticky notes, staples, etc. If other types of supplies are being proposed, a more detailed description is required.

Travel

The number of miles should be projected to obtain the mileage for the year. Hotel accommodations should be budgeted according to need. Subsistence should be budgeted to reimburse employees for food expenses incurred during overnight travel, according to the agency's policies.

Reminder: Make sure the budget includes funds for the HCCs and the HCC Supervisor to attend mandatory trainings such as the Introductory Training and Regional HCC Meetings.

Other

The "Other" Category is used for all other types of expenditures. The most frequently used line items have been included on the budget form. Agencies should include additional line items, if needed.

AINS Data Processing Fee

Each agency is charged a processing fee for the AINS data by Electronic Data Systems (EDS). The charge is \$25.00 a month.

Continuing Education/Training

Training and Continuing Education costs for all HCCs should be budgeted in this line item.

Phone

Telephone (including cell and fax) expenses for the Health Check staff should be reflected in this line item. Common expenses include line charges, toll charges, and the monthly cost of local telephone service.

Postage

HCCs need to mail documents to the State office on a regular basis. The State Courier System can be used when mailing documents to DMA. Sending State approved letters to clients is not mandatory.

Educational Materials

Any educational materials the agency is purchasing for the Health Check Program should be included in this line item. A description of the educational materials shall be reflected in the budget narrative. All materials used for the Program must be approved by the State.

Incentives

The cost of incentives should be included in this line item. DMA requires all

agencies to describe the type of incentives that will be purchased and how they will be disseminated.

Example: 500 pencils with the Health Check logo and the HCC's phone number will be purchased at a cost of \$25.00. The pencils will be disseminated at the Annual County Health Fair. The expected number of county residents to attend is 2,000.

Advertising

Advertising expenses should be accounted for in this Line Item and explained in the budget narrative. State staff must approve all materials used for the program.

Printing

Printing charges should be included in this line item. Many Health Check and Health Choice related documents are available free of charge through the North Carolina Healthy Start Foundation.

Office Space

If the agency is charging the Health Check Program for office space, the expense should be accounted for in this line item. Please note, if the agency is charging an administrative fee, office space is included in that line item.

Administrative Fee/Overhead

Administrative Fees are permitted, but justification must be included in the budget narrative. As a reminder, if funds are being allocated to this line item, additional funds should not be listed in the Office Space line item. The maximum rate permitted for Projects is 10% of the total budget.

Total

The total dollar amount in the column "*DMA BUDGETED AMOUNTS*" must equal the annual DMA allocation. The annual DMA allocation is based on the number of FTEs awarded to each agency; 1 FTE = \$33,873. Local funds used to support the program must be listed in the column "*IN-KIND CONTRIBUTIONS*" and must be included in the budget narrative.

Signature

The agency's director must sign the proposed budget.

Directions for Transferring DMA funds between Line Items

Transferring funds between line items can be done. If the funds being transferred from one line item is 10% or greater, you must received prior approval from DMA. In this example; you may the budget form previously approved through DMA. You can draw a single line through the dollar amount listed for the line item; enter the

amount you want to keep for that line item, and place the amount of funds transferred to the new line item. If that line item has funds currently allocated to it, then draw a single line through the dollar amount and indicate the new total dollar amount. Please remember to include a narrative for the change.

Once the change is approved by DMA, it line items will be initialed and dated. A copy of the budget and narrative will be returned to the local agency.